

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/550886
APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3		/					
4		/					
5	/						
6							
7		2					
8		2					
9		2					
10		2					
11			1				
12			1				
13			1				
14			1				
15			1				
16			1				
17			1				
18			3				
19			1				
20			1				
21			1				
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48							
49							
50							
TOTAL IND.			2		1		
TOTAL DEP.			1		1		
TOTAL CLAIMS			13				